

# Quack doctors essay



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Factors Influencing the Selected Residents of Baranggay in Catanuan Quezon to Patronize Quack Practices. Diane R. Sosa Calayan Educational Foundation, Inc. Chapter One Introduction Background of the study Complementary and alternative medicines, including quack practices fundamentally rooted on the medical systems and techniques of ancient people such as Chinese, Egyptians, Greeks, Asian Indians and Native Americans. Contemporary biomedical research has tended to be sceptical and sometimes contemptuous of these alternative, non-allopathic methods of medical practices. (Jill, 2000)

Quack practices have historically contributed for many people's sense of health and well-being over the centuries and still does in many countries, especially, Philippines. The Philippines is one of the countries with many beliefs, cultural practices, and traditions. Part of the beliefs is the existence of quack practices and Philippines comprises different communities which have different medical myths and quack practices. Primarily, the main goal of this research is to identify factors influencing quack practices in selected community or barangay in Catanuan, specifically the study will be conducted in Barangay 8 and 9, Catanuan Quezon.

Quack practices include all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well-being. The main context of quack practices is to relieve pain, postpone death, and make money (Jill, 2000). With limited time given by managed care initiatives, client demands, and prefer toward brief therapy, growing number of individuals seek the help of people who perform quack practices that can aid them through their “ healing power” or “ power medicines”.

As mentioned, quack practices are prevalence in many communities or barangay in the Philippines. However, fewer studies have been made to evaluate these medical practices. With this, the researcher chose this topic to help the country in analysing the value of quack practices and the factors that drives people to seek the help of this kind of medical practitioners. This research study tends to provide a critical analysis regarding the influenced and effects of quack practices in the health care process within the chosen community and the common ailments referred to a quack practitioner.

Statement of the Problem 1. What is the demographic profile of the respondents? a. Age b. Location c. Financial status d. Educational Background e. Occupation f. Familial Health care giver. 2. What is the perception of the respondents regarding quack behavior? 3. What are the common ailments referred to quack doctors? 4. What factors influence the residents of selected barangay to patronize quack practice? Conceptual Framework The researcher theorises that quack practices influences the health care process in barangay 8 and 9 in Catanuan Quezon.

The experience of illness and healing is shaped by cultural, social, political, and moral components. The researcher used community participation to strengthen the theories that have been conceptualised. The Interactional Perspective identifies three elements that are fundamental in defining and understanding a community. These elements are a locality, a local society, and a process of locality-orientated collective actions (Reyala, 1991). To enhance and strengthen the study, the researcher uses respondents which involve a community that shares a common environmental area.

With this element as mentioned by the Interactional Perspective, community people as they share common locality also meets common interest and concerns thus providing influence including the issues of patronization on Quack practices. Sufficient healthcare is an important aspect of human life not only in the prevention and treatment of diseases but also in the maintenance of good health (Maron, 2005). Among developing countries, certain facilities and institutions are built in order to deliver health care services.

This is the primary objectives of nations belonging to the third world status wherein to access various healthcare services. However, this so-called healthcare services has always been into the issue of inequality. Economic status also affects a person's participation in treatment to maintain or improve health (Potter and Perry, 2007). Poor people tend to suffer higher incidence of mortality and morbidity as compared to those living richly, particularly in developed countries. With this inequality, those poor individuals may choose not to seek medical care from healthcare providers and prefers to believe in quack practices in their town.

With the economy of the Philippines, many families are poor; thus, the thought of going to a hospital will be costly and expensive. Poverty pushes people to believe in quack practices. In spite of its rejection by mainstream science, the community tend to patronized quack doctors because of their perception of affordable and natural way of curative measures. On one hand, not all people believing and seeking the help of quack doctors are not poor. Faith plays a very important role in health and lifestyle choices because sometimes health choices are based on their beliefs (McGough, 2004).

There are those people who have lost their faith in medical practices from expensive hospitals, thus seeking the help of quack doctors with the hope that the ill-person will be free from the disease or sickness. Without generalizing all medical practitioners, some of them use their profession to make more money thus quality health care service cannot fully be rendered. A person's beliefs about health are shaped in part of knowledge (or misinformation) about body function and illnesses, educational background and past experiences (Potter and Perry, 2007). Far flung areas Lack of medical expenses Faith and Culture

Lack of knowledge Cognitive abilities shape the way a person thinks, including the ability to understand factors involved in illness and to apply knowledge of health illness to personal health practices. Due to lack of knowledge about the complexity of having diseases and different illness, people prefer to seek help quack doctors not knowingly what would be the effect on their health. Untrained practitioner such as quack doctors usually relies on what they believe is true even without scientific explanation. People who seek help on them relies on their trust and reliance of feelings over knowledge.

Location/Area Culture Poverty Faith on whom they believe can cure them Educational Background Significance of the Study Research is the best way to find solutions to medical issues and problems and to set standards for medical practice. The issues that have been observed in the patronization of quack practices in different communities in the Philippines led the researcher to conceptualize a study that will answer the curiosity in identifying how these contexts influences and affects health care process. The results of this <https://assignbuster.com/quack-doctors-essay/>

study will therefore, benefit the following sectors such as in medical schools and in the community. Medical schools will be able to incorporate results of this study into their medical practice curriculum to inform future health care providers to understand how quack practices influences residents with their belief and also in healthcare process and also, the community will able to gain knowledge about the importance of seeking the help of medical practitioners than quack doctors. Scope and Delimitation As mentioned, the main objective of this study is to determine the implication of medical myths and quack practices in health care process in Barangay 8 and 9, Catanuan Quezon.

The discussion of this research will mainly focus on determination of quack practices in the said barangay and what are the factor that influences residents to patronizes these practices. The information that will be gathered for this study will be derived from journals and articles about quack practices and from the interview and survey questionnaire prepared by the researcher, and distributed to the selected sample. Quack doctors or practitioners that has been mentioned are referring to “ herbularios” only that the residents of the selected baranggay are patronizing.

Time will be the greatest limitation to this research, therefore study will be utilizing a small sample of participants, and the results may not effectively represent the general population. Residents of middle to lower class will be the subject of research. Research will be conducted from the first week of January until the first week of February, 2010. Definition of Terms

Operational Terms Quack- considered a “ fraudulent or ignorant pretender to

medical skill” or “ a person who pretends, professionally or publicly, to have skill, knowledge, or qualifications he or she does not possess.

An untrained practitioner believed to cure illnesses or ailments. (Piedad, 2008) Healing power- believed to be produced after a process of healing techniques done by a quack doctor (Beronio, 1990). Healing medicines- different products made by a quack doctor and have been believed to cure illnesses (Beronio, 1990). Conceptual Terms Non-allopathic- as defined by the Webster dictionary, non-allopathic methods are the non-curable methods or drugs. Chapter II Review of Related Literature and studies

The study aims to further support and identify the factors influencing quack practices and the ailments common healed in the selected baranggay through related literature and studies. In this regard, it is necessary to tackle different theories that contributes in strengthening the study through local and foreign studies. This part of research provides insightful ideas and facts about the health care process, the context of quack practices in the Philippines and other countries, and the causes that implies why people prefer to patronize quack practices to meet the health care process where individuals and families are involved.

Related Literature Health care process as a discipline is concentrated on the provision of assistance to individuals, families and communities in order to obtain, recover and maintain optimal health status and normal body functioning (Cuevas, 2007). Everyone wants to have a holistic improvement on their health. It is an art and a science that is concentrated into the improvement of individual health and wellness. Thus providing a well served

quality health provides a quality health care process. Health care is the process of caring for, or nurturing, for an individual known as the patient (Cuevas, 2007).

Providing health services on an individual means not only providing curative measures, but also giving preventive method that could aid to the continuous health care delivery. In addition, to promote the restoration and maintenance of health in their clients, healthcare practitioners became more particular in enhancing their knowledge through integrating with health and biological sciences (Sy, 1993). Health care giver explores more that could add up to their intellectual aspect and preparing them to serve for those who seeks their medical help.

Therefore, health care process involves practitioners who have gone through enhancing and sharpening of their skills and knowledge such as attending seminars and had a formal studies regarding health care delivery. Health organization refers to health care process as the diagnosis and treatment of human reactions and responses to potential or actual health problems and dilemmas. Just like medical diagnoses that aim in helping in planning, execution or implementation and assessment of medical care, the role of the health care practitioner is to provide help in the planning, implementation and evaluation of healthcare (Cuevas, 2007).

They do the management of care in a systematic way wherein they identify the problem and help the health care giver to execute the actions and activities that have been planned. Therefore, health organization has their background education which they apply for the improvement of the



community's health. Nowadays, people think that alternative are an “unorthodox” alongside of the clinically proven, tested and evidenced-based orthodox medicine, but in most part of the world, these complementary and alternative medicines has continue to become the dominant form of medical practice (Owen, 2003).

There are certain factors in which health care practice are being influenced or affected. These include the notion of alternative therapies. Alternative medicines have been enclosed by numerous of patronizers, which have been dominating among biomedical medicines. Traditional Filipino medicine pertains to dynamic and popular nonbiomedical systems in the Philippines. It includes a wide range of practices of manghihilot (traditional bone setter), albulario (medicine man), acupuncturists, religious healers, etc. Vance, 1991). These following people are whom most Filipinos prefer to seek medical help. They have been believed that they can cure different illnesses and prevent them from coming back. Studies of health practices among Filipino Americans suggest that people originally from rural areas in the Philippines are more knowledgeable regarding home remedies, traditional healing techniques, and supernatural ailments, whereas those from urban areas rely more on Western medical intervention and over-the-counter drugs. Montepio, 1987) Among the more traditional forms of self medication are certain oils or ointments, which serve as “cure alls” in relaxing, heating, and comforting the muscles or providing relief for dizziness, colds, headaches, sore throats, and so forth. Other self medication may include the use of healing techniques for folk-beliefs diseases such as hot/cold diseases and the concept of wind illnesses. For example, a technique called ventosa is

used for treating joint pains believed to be caused by the presence of “ bad air. This technique consists of wrapping a coin with cotton, wetting the tip with alcohol, lighting it, and placing the coin on the aching joint area, then immediately covering it with a small glass or cup. The fire is extinguished as soon as it is covered, creating a vacuum that will suck the “ bad” air out of the joint (Montepio, 1987). Aside from other simple home remedies, more serious illnesses typically call for seeking the help of a local “ healer” who may utilize a variety of treatments including the use of herbs and roots.

Healing techniques are performed by ritualized prayer, reciting some words, humming, singing, and the creation of an “ atmosphere” that reinforces the individual’s faith. One of the most remarkable forms of faith healing that has attracted attention is “ psychic surgery. Psychic Surger involves the painless insertion of the healer’s fingers into the individual’s body, removal of tissues, tumors, growths, or foreign matter, and closing the incision without a scar.

Numerous Western scientists have investigated tales of “ miracle cures” produced by psychic surgeons and found evidence of fakery; however, they also have reportedly witnessed incredible feats of healing (Harper and Fullerton, 1994) Healers are viewed with trust and respect, they often are expected to perform “ instantaneous” healing (Chrisman, 1997). Although healers are presumed to possess a God given gift, their popularity and prestige in the community depends on their interpersonal relationships with their patients.

People in rural areas are used to be friendly and accommodating folk healers and expect the same treatment from physicians. They also do not attempt to

identify or diagnose a disease, which is in contrast to the traditional concern for identifying the cause of illness. Their orientation is holistic and uniform and incorporates the belief in concurrent physical, emotional, and spiritual healing which are necessary to a holistic well being. Related Studies When Western medical practice, specifically drugs just started to be used in the Philippines, the Filipinos find these as too expensive but also too scarce.

Hence, the rural folks and as well as the poor people continued to rely on medical myths and quack practices including herbal medicines which are affordable, abundance, locally available (Kleinman, 2008). Those people who are unable to obtain medical services from governmentt hospitals resort to quack practices and drugs without prescriptions or proper advice. A study using a random sample of 1000 nurses from American Nurses Association (ANA) found out that the vast majority (79%) of nurses perceived their professional preparation in the area of medical myths and quack practices to be fair and poor.

In addition, the study found out that 1 in 4 nurses obtained their information on complementary and alternative therapies from their coursework.

Recently, nurses have recommended the inclusion of medical myths and quack practices in the baccalaureate curriculum for nursing preparation (Tan, 2001). It appears as though the nurses who responded were more likely to believe in more familiar and possibly more traditional alternative and complementary medical therapies.

This may be due to the lack of formal training in this area and as such, the respondents were likely to be more aware of widely used therapies such as

biofeedback and chiropractic care. In this study also, the nurses believed that therapies that were external (e. g. , chiropractic care, acupuncture, healing touch, etc. ) is safest. Study shows that medical myths and quack practices therapies can be considered as one of the best intervention inline with health care practice and do not exist to replace the traditional medical or nursing therapies.

When the complementary and alternative medical therapies are being offered, there are needs and demands that should be considered and this include the positive and negative consequences that may be faced from all the appropriate therapeutic choices available for the patients (Tan, 2001). Thus, as mentioned, nurses can facilitate the combination of complementary, alternative, and traditional therapies for an effective and efficient patient health plan. It can be said that nursing and health care practice can use holistic nursing therapies which can be determines as complementary in nature.

Chapter 3 Research Design and Methodology The study aims on identifying factors that influences the residents to patronize quack practices. Referring to the aim and objectives set for the study, the author will now demonstrate the methodology of the means of obtaining data for analysis and coming to the conclusion to meet the aim and objectives. Research Design This study uses the descriptive approach. This descriptive type of research will utilize observations in the study. With the use of Descriptive method of research, the researcher will gather information about the present existing condition.

The purpose of employing this method is to describe the nature of a situation, as it exists at the time of the study and to explore the cause/s of particular phenomena. The research described in this document is based on qualitative and quantitative method. The qualitative method permits a flexible approach, while the quantitative research method permits specification of dependent and independent variables and measures of succeeding performance of the research subject . During data gathering the choice and design of methods are constantly modified, based on ongoing analysis.

Research Environment Barangay 8 and 9 are one of the barangays in Catanauan, Quezon Province. The barangay has a rural health unit near the old municipal hall and there is also a public hospital in the town of Catanauan. The member of each family in the barangay ranges from 4-8 individuals including the parents and their children. The researcher prefers to study the patronization of quack practices in these areas because of its existence on every families that might affect their health care process.

#### Source of Data

To ensure that only pertinent data will be gathered, the researcher opted to have respondents in Brgy. 8 and 9, Catanauan Quezon. These participants must be 20 years old and above. 50 residents will be used in determining the influence of quack practices in health care process in the barangay.

**Sampling Design** The researcher will be collecting the data from residents of Barangay 8 and 9 Catanuan Quezon. As mentioned, residents age 20 and above will be included in the study. In addition, 10 barangay health care providers will be chosen to get their perception about quack practices.

The questionnaire-survey will collect data on the respondents' demographic profile first to check that the sample is appropriately stratified and representative and second to provide further information about the sample for analysis purposes. Copies of the questionnaire could reach a considerable number of respondents by personal distribution. Generally, responses to a questionnaire are objectified and standardised and these make tabulation easy. But more importantly, the respondents' replies are of their own free will because there is no interviewer to influence them. This is one way to avoid biases, particularly the interviewers' bias.

The researcher will also use graph and charts for data presentation.

**Instrumentation** The researchers design a questionnaire for the survey. The primary aim of the questionnaire is to determine the impact of quack practices in health care process in Barangay 8 and 9. This research uses a mixture of closed questions and more open comments in the questionnaire. A closed question is one that has pre-coded answers. Through closed questions, the researcher will be able to limit responses that are within the scope of this study. For example, the researcher intends to ask the respondents what they think of quack practices in general.

Using a multiple choice method, the answer of the respondents would be within one of the limited expected answers of the researcher. Thus the researcher design a closed question type to remain focused on the statement of the problem and on the main purpose of the study. However, the researcher nevertheless extends the closed questions with the comments option to be able to gather qualitative data for this study. In addition, closed questions were used in the survey because the answers are

easy to analyse and are straightforward as target respondents are mostly busy that they do not have enough time to give attention to open questions.

Closed response questions save the respondent having to think of possible replies. Residents of Barangay 8 and 9 and barangay health care providers who passed the entire inclusion and exclusion criterion were politely asked to answer the survey-questionnaire after giving their permission. After all the data from the researcher-made questionnaire were collected, the following

statistical formula were used: 1. Percentage - to determine the magnitude of the responses to the questionnaire.  $n \% = \frac{n}{N} \times 100$  ; n - number of responses N - total number of respondents

2. Weighted Mean  $\frac{1 \times f_1 + 2 \times f_2 + 3 \times f_3 + 4 \times f_4 + 5 \times f_5}{\sum f_i}$  ;

where: f - weight given to each response x - number of responses  $\sum f_i$  - total number of responses

Calayan Educational Foundation Inc. Factors Affecting the Residents of the Selected Barangay To Patronize Quack Practices Brgy. 8 and 9, Catanauan Quezon QUESTIONAIRE Part I. This part deals with the demographic profile of the respondents Name:

\_\_\_\_\_ 1. Gender: Male Female 2. Age: 20 -

25 26-30 31-35 36-40 41-45 46-50 51-55 56-60 61-65 66-70 71-75 76-80 0

and above Educational Attainment: Elementary graduate High school

undergraduate High school graduate College undergraduate College

graduate Masteral Graduate Doctoral Graduate Vocational None Occupation:

Government employee Farmer Fisherman Housekeeping Saleslady Manager

Call Center agent Office worker Allied health worker Police Student

Businesswoman/businessman None Others: \_\_\_\_\_

Construction worker Monthly Income: 100-999 1, 000-1, 999 2, 000-2, 999 3,

000-3, 999 4, 000-4, 999 5, 000-5, 999 6, 000-6, 999 7, 000-7, 999 8, 000-8, 999 9, 000-9, 999 10, 000-and above none Familial/Individual Health Care Giver:

Midwife Nurse Physician Trained health worker Albulario Manghihilot Priest none Others. Please specify: \_\_\_\_\_ Part II. This part of the questionnaire deals with the perception of the respondents regarding quack practices and health care delivery. INSTRUCTIONS: Please put a check ( ) mark on the space provided that correspond your opinion. LEGEND: A- Agree SA- Strongly Agree D- Disagree SD- Strongly Disagree STATEMENTS| A| SA| D| SD| 1. Quack doctors serves as a temporary help in maintaining health although it is not scientific| | | | 2. Quack practices are can be curative and preventive. | | | | 3. Quack doctors help prevent illness and maintain health wellness| | | | 4. Loosing faith on doctors performances made residents to prefer seeking help on quack doctors| | | | 5. Lack of knowledge and lack of awareness on different medical technologies made residents to seek medical help on quack doctors. | | | | 6. It is safer to use herbal and natural products of quack doctors to treat and prevent diseases. | | | | 7. Quack practices are noninvasive and are safer to perform| | | | 8. Residents have known a quack doctor for a long time and are assured with them. | | | | Part III. This part deals with the common ailment referred to quack doctors. INSTRUCTION: Please put a check ( ) mark on the space provided that correspond your opinion. LEGEND: A- Agree SA- Strongly Agree D- Disagree SD- Strongly Disagree “ Balis” or “ usog” which results to nausea and vomiting| | Sore eyes| | Cleft palate| | Cataracts| | Visual disturbances| | Sore throat| | Cough and colds| | Fracture| | Fever| | “ suob”| | Edema | | Conception| | Bad spirit| |



Difficulty of breathing| | Fatigue | | Prevention of illnesses| | Headache | |  
 Backache | | Others: (please specify)| |

Part IV. This part deals with the Factors influences the residents to patronize Quack practices. INSTRUCTION: Please put a check ( ) mark on the space provided that correspond your opinion. LEGEND: A- Agree SA- Strongly Agree D- Disagree SD- Strongly Disagree | A| SA| D| SD| 1. Lack of financial expenses to seek for medical help and to buy prescript medications| | | | 2. Lost of faith on trained doctors whom cannot fully explain the existence of a certain symptoms and illness| | | | 3. Tremendous faith on quack doctors because of rumours of their healing power | | | | 4.

Inherited belief based on cultures and religion| | | | 5. Lack of medicines, instruments and equipments on nearby health center| | | | 6. A patronization based on experience| | | | 7. Beliefs transferred from generation to generation. | | | | 8. Preferences of herbal and natural means of treating illnesses. | | | | References: Jill, Cashe C. RN-CS, MSN, FNP. , “ Family Practice Guidelines Library of Congress in Cataloging”, 2000) Reyala, Jean P. RN. RM, MPH, MGM. , “ Interactional Perspective on Nursing Skills” (1991 Maron, Mcpeutt C. , “ Community Health Nursing Practice” (Englewood Cliffe, New Jersey Prentice Hall Inc. 2005) Potter and Perry, “ Fundamentals of Nursing” (2007) McGough, Halon. “ Public Health Administration and Practice” (8th Edition; Times Muiroi-Mosby College Pub. , House, 2004) Piedad, Waller D. , “ Health and Modern Man” (Collter-Mcmillan Pub. London, 2008) Beronio, Anderson R. MD, “ Focusing on Health”, (Philadelphia MW Pub. Inc. , 1990) Cuevas, Frances Prescilla L, RN, MAN, “ Public Health Nursing in the Philippines” (Publications Committee, National League of

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